DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

		GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE	A Section of the sect	
FACILITY GRIEVANCE COORDINATOR	FACILITY: TAYETTE	DATE: 9-27-22
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATI	Clouder
WORK ASSIGNMENT:	HOUSING ASSIGNMEN	T. 3-D-412 1
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the ir 2. State your grievance in Block A in a brief and und		and the second s
3. List in Block B any action you may have taken to staff members you have contacted.		to include the identity of
A. Provide a brief, clear statement of your grievance pages (one DC-804 form and one one-sided 8½"	x 11" page). State all relief	that you are seeking.
ON SEPTEMBER. 23,2022 DURNG SHOWER TIME I AM IN A HARD CELL WITH A SHOWER IN	THE COTTOM THER PLOODER	WITH SELVINGE WATER
LEGIL. THE CELL FLOODED AND FELES WERE COMME	DUT OF THE BRAIN M	NA FLORITAGIN THE CELLS
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B. List actions taken and staff you have contacted, b	efore submitting this grieva	nce.
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	eget San San San San San San San San San San	
Your grievance has been received and will be proce	essed in accordance with D	C-ADM 804.
Mille		712700
Signature of Facility Grievance Coordinator	M File Conv. DINIX Action I	Date
WHITE Facility Grievance Coordinator Copy CANAR' GOLDEN ROD Inmate Copy	Y File Copy PINK Action I	S.C.I. FAYETTE
		SEP 2 7 2022

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review Issued: 1/26/2016 Effective: 2/16/2016

SUPERMACHDENT ASSIST



Initial Review Response

SCI Fayette 50 Overlook Drive La Belle, PA, 15450-1050 OCT 4 2022

09/30/2022 03:45

Inmate	Name:

Grievance #:

MALDONDO, ANGEL

DOC #:

HS6238

Facility:

Favette

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision:Grievance Denied

It is the decision of this Grievance Officer to uphold; deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

You allege that on September 23, 2022 during shower time, the bottom tier was flooded with sewage water. You further allege that you are in a hard cell and that feces were coming out your drain and floating in the cell. You then say you were moved upstairs later that evening. You were then moved back into JD1012 the next morning. Finally, you claim you are forced to eat around the toxic fumes in your cell. You request to be moved out of the cell, transfer from Fayette, and \$1000.00 for each day in that cell.

I interviewed Officer Laskey, Officer Skrobacz, and Sgt. Lockett in regards to your claim. All staff were consistent in their statements that the cells were thoroughly cleaned and sanitized. Video footage also verified that the J-Blockworker cleaned the self-contained cells (JD1012, JD1011, JD1010, etc...) multiple times after the flooding of the pod. You were left upstairs overnight. The cells again were cleaned and sanitized the next morning. You were then moved back into JD1012 where you are to be housed. Furthermore, I have made rounds on your pod since the time in question and never once have you brought this to my attention that you had an issue with your cell. You are properly housed in JD1012. JD1012 was thoroughly cleaned and sanitized after the flooding of the pod. I find this grievance and requested relief denied.

Signature:

name:

R. Newman

Title:

COTT

Approver:

R. House

Date:

9-30-22

CC: Facility Grievance Coordinator DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

HS6238 Grievance #:999474

MALDONDO, ANGEL

S.C.I. FAYETTE

Issued: 1/26/2016 Effective: 2/16/2016 |

OCT 0/3 2022

Page1 of 1

SUPERINTENDENT ASSISTANT II

Case 2:22-cv-01516-CRE Document Filed 12/22/22 Page 3 of 5

INMATE APPEALTO FACILITY MANAGER

		SONEY AUGE		
Inmate Number	NAME	HOUSING UNIT	DATE A O C O O	GRIEVANCE#
HS-6238	ANGEL MAZBONIASO	5/6 1012	10-5-22	1 10 L L L L L L L
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Property of the second				
Refer to	DC-ADM 804, Grieva	nce Appeal Procedu	es, for complete in	structions.
Ple	ase provide a BRIEF	(no longer than two	oages) appeal state	ment
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DC-ADM 804, Inmate Grievance System Procedures Manual Section 2 – Appeals Issued: 1/26/2016 Effective: 2/16/2016



Facility Manager's Appeal Response

SCI Fayette 50 Overlook Drive La Belle, PA, 15450-1050

10/07/2022 08:45

<u>.</u>	9			i
Inmate Name:	MALDONDO, ANGEL	DOC#:	HS6238.	,
Facility:	Favette	Unit Location:	ND.	
Grievance #:	999474	में देश है । इसके के के बेरावर्ग के कार्या के कार्या है कि के किए हैं कि किए किए किए हैं कि किए हैं कि किए कि -		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance inoted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

Decision:Uphold Response

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

Response:

After careful evaluation of this grievance it has been determined the actions and response by the investigating grievance officer will be upheld. It is being upheld based on the fact J Block staff handled the situation appropriately. During his investigation, Captain Newman determined you were removed from your cell so it could be appropriately cleaned and sanitized. According to Captain Newman your cell was cleaned and sanitized multiple times prior to you being placed back in it. RHU staff members were contacted and it was determined inmates are provide with the appropriate cleaning supplies. Captain Newman further stated in his response, you never presented this issue to him when he made his rounds. It has been determined the statements made by staff are credible.

Based on the above information, your appeal and requested relief are denied.

Signature:	55 LF	•
Name	E Amel	
Title:	Facility Manager	
Date:	1/0-11/2	
CC: DC-15		

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

HS6238 Grievance #:999474

MALDONDO, ANGEL

Issued: 1/26/2016 Effective: 2/16/2016

Page1 of 1

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DC-ADM 804, Inmate Grievance System Procedures Manual Section 2 – Appeals

Attachment 2-E